

Quality Assurance Workgroup Minutes 10/11/05

Present: Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair, Joyce Allen, Division of Disability and Elder Services (DDES), Co-Chair, Ruthanne Landsness, APS, Mary Olen, TMG, Jeff Erlanger, Kirstin Dolwick, MetaStar, Sara Roberts, Community Living Alliance (CLA), Tim Connor, DDES, Don Libby, APS, Peg Algar, DHCF.

Excused: Dr. Ron Diamond, DDES/MHCDC, Lynn Brady, MHCDC, Molly Cisco, Grass Roots Empowerment Project, Jennifer Lowenberg, NAMI, Peggy Michaelis, MHCDC, David Sievert, CLA/TMG, Todd Costello, CLA, Sara Alay-Messer, CLA, Mary Jane Mihajlovic, APS.

I. Summary of Changes Made to the “Details of Monitoring Activities” Document

*It was noted that the 1915(b) Medicaid waiver application to CMS will be withdrawn and a voluntary enrollment model will be adopted for the Dane County SSI MC Program. As the “Details of Monitoring Activities” document is no longer required for the waiver application, it does not need to be forwarded to CMS. However, it will be used as a reference document.

Changes were made to the “Details of Monitoring Activities” document based on the last QA Workgroup meeting and a subsequent internal meeting with division staff. The following summarizes these changes:

- C. Consumer Self-Report Data-(SSI-CAHPS) for Dane Co. SSI MC Program-Plans are for the baseline SSI-CAHPS to be administered in early 2006. The survey will be sent to a sample of SSI eligible recipients who are currently in fee-for-service in Dane County. DHCF is currently exploring the possibility of pilot testing the new CAHPS survey for persons with Mobility Impairments as part of this process.
- D. Data Analysis (Grievances and appeals data) for Dane Co. SSI MC Program-The MCO will report on the formal and informal grievances it receives. Denials will be reported under relevant service categories (e.g. Pharmacy, DME, therapy).
- H. Independent Assessment of program impact, access, quality, and cost-effectiveness for Dane Co. SSI MC Program-The IA is a federally mandated waiver monitoring requirement. Since we will be withdrawing our waiver application, the IA will not be done.
- I. Measurement of any disparities by racial or ethnic groups for Dane Co. SSI MC Program-Added language from the SSI contract under this item regarding the requirement that the MCO address the special health needs of enrollees such as those

who are low-income or members of a minority population group needing specific culturally competent services.

- J. Network adequacy assurance for Dane Co. SSI MC Program-Language was added to the document regarding a requirement for the MCO to report changes in the provider network as they occur. Also added was the caveat that if the provider network capacity is not adequate, new enrollment may be suspended until such time that the problem is corrected. The interval time period allowed for reporting changes to the provider network will also be specified.
- L. On-site review for Dane Co. SSI MC Program-The frequency of use for this monitoring activity was changed to “as needed”.
- M. Clinical and non-clinical Performance Improvement Projects for Dane Co. SSI MC Program-Language was added to allow the MCO to “submit one PIP after the first year of the program, after enough data has been collected to make analysis feasible.” Additional language will be added that gives the MCO the choice of utilizing the BCAP typology. EQRO Protocol 3 will also be added under this item. Protocol 3 outlines the criteria for performance improvement projects.*

*See attached “Details of Monitoring Activities” document for details.

- N. Performance measures addressing quality of care for Dane Co. SSI MC Program-EQRO Protocol 2 was added to this item:

Protocol 2 requires that the State specifies:

- The performance measures to be calculated by MCOs/PIHPs
- The specifications to be followed in calculating these measures; and
- The manner and mechanisms for reporting these measures to the State.*

*See attached “Details of Monitoring Activities” document for details. It was suggested that the quality indicator grid be added to the Medicaid contract as an addendum.

- R. Test 24 hours/7 days a week PCP availability for Dane Co. SSI MC program-Added language from the SSI contract which specifies that enrollees must be able to call the PCP at any time to obtain authorization for urgent care and transportation. Responses to the calls must be provided within 30 minutes. Follow up will be done to clarify whether the 30 minute response time refers to urgent care only or also routine care.
- T. Other—Added EQRO Protocol 1 to this item: Determining MCO/PIHP Compliance with Federal Medicaid Managed Care Regulations.*

*See attached “Details of Monitoring Activities” document for details.

II. Mental Health and Substance Abuse Quality Indicators for the Dane County SSI Managed Care Program*

- Quality indicators will be calculated for the subpopulation of enrollees who have serious and persistent mental illness (SPMI). The SPMI population will be defined by the Blue Ribbon Commission on Mental Health's target groups 1 and 2 (see below).
- When a Blue Ribbon Commission (BRC) 1 and 2 determination is not available through the HSRS MH module, a pre-defined set of ICD 9 codes reflecting SPM I diagnoses will be used as a proxy for BRC 1 and 2.
- *Target Group BRC 1—Persons in Need of Ongoing, High-Intensive, Comprehensive Services.* Persons in need of ongoing, high-intensive, comprehensive services have a primary diagnosis of a major mental illness or severe emotional disturbance and they have substantial needs in areas such as psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and psychotherapy. Some of these persons may also have a history of trauma, such as physical or sexual abuse or neglect that may contribute to the mental health problem.
- *Target Group BRC 2—Persons in Need of Ongoing, Low-Intensive Comprehensive Services.* Persons in need of ongoing, low-intensive, comprehensive services have a diagnosed mental health disorder and function in fairly stable manner but occasionally may experience acute psychiatric crises. Some of these persons may also have a history of trauma, such as physical or sexual abuse or neglect that may contribute to the mental health problem.
- The MH subpopulation is defined as those persons in BRC 1 and 2 target groups.
- The subpopulation of clients with a substance abuse disorder will be defined as those persons who receive services from a specialized substance abuse treatment program (an estimated 5% of SSI AODA clients).
- The co-occurring MH/SA subpopulation includes clients receiving treatment for both a substance abuse disorder and a mental health disorder.
- In all 3 cases (MH subpopulation, SA subpopulation and co-occurring MH/SA subpopulation) data will be reported from the HSRS MH module.

*See attached document: "Mental Health and Substance Abuse Quality Indicators for the Dane County SSI Managed Care Program: Phase 1" for a detailed description of the MH/SA quality indicators.

III. Next Steps and Adjourn

- Don Libby will update the quality indicator grid to reflect the changes made during today's meeting. The data specifications and proposed data reporting periods will also be detailed.
- Division staff will have an internal meeting to define implementation and ongoing monitoring goals for the QA Workgroup.